

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

76. SIGNED: Donna M. Hill PRESIDENT (If other title, see instructions.)  
4 120101 (202) 393 - 7939  
 Date Telephone Number

77. SIGNED: Ernest Albate TREASURER (If other title, see instructions.)  
4 120101 (202) 393 - 7939  
 Date Telephone Number

*During the Reporting Period Did Your Organization:*

- |  | Yes | No |
|--|-----|----|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? .....  |     | X  |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? .....              | X   |    |
| 12. Have a political action committee (PAC) fund? .....  |     | X  |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? .....  | X   |    |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? .....  | X   |    |
| 15. Discover any loss or shortage of funds or other property? .....<br>(Answer "Yes" even if there has been repayment or recovery.)  |     | X  |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... |     | X  |
| 17. Liquidate or reduce any liabilities without disbursement of cash? .....  |     | X  |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 790
19. What is the date of your organization's next regular election of officers? MO YEAR  
12 2001
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 500,000
21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees		
(a) Regular Dues/Fees	\$ 24	per month (Month, Year, etc.)
(b) Initiation Fees	\$ 25	
(c) Transfer Fees	\$ N/A	
(d) Work Permits	\$ N/A	per (Month, Year, etc.)

- |  | Yes | No |
|--|-----|----|
| 22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? .....<br>(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) |     | X  |
| 23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? .....  |     | X  |
| 24. Did your organization have any contingent liabilities at the end of the reporting period? .....  |     | X  |

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 540-203

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS	From	Start of Reporting	End of Reporting
	Item	SCH #	Period (A)	Period (B)
ASSETS	25. Cash .....		25 453	6 827
	26. Accounts Receivable .....		23 111	36 691
	27. Loans Receivable .....	1		
	28. U.S. Treasury Securities .....			
	29. Investments .....	2	3 398	5 479
	30. Fixed Assets .....	5	3 434	3 434
	31. Other Assets .....	3		
	32. TOTAL ASSETS .....			
LIABILITIES	33. Accounts Payable .....		20 198	24 608
	34. Loans Payable .....	8		
	35. Mortgages Payable .....			
	36. Other Liabilities .....	4		
	37. TOTAL LIABILITIES .....			
	38. NET ASSETS (Item 32 less Item 37) .....		20 198	24 608

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 540-203

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS Item	From SCH #	AMOUNT	CASH DISBURSEMENTS Item	From SCH #	AMOUNT
39. Dues .....		173 762	56. To Officers .....	9	561
40. Per Capita Tax .....			57. To Employees .....	10	158 207
41. Fees .....		2209	58. Per Capita Tax .....		93 712
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	53 283
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		20 915
46. Interest .....		218	63. Benefits .....	11	23 013
47. Dividends .....		130	64. Contributions, Gifts & Grants .....	12	525
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		21 813
50. Loans Obtained .....	8		67. Withholding Taxes .....		45 594
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	
52. On Behalf of Affiliates for Transmittal to Them .....			69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	
54. Other Receipts .....	14		71. To Affiliates of Funds Collected on Their Behalf .....		
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	20 641
55. TOTAL RECEIPTS .....		419 804	74. TOTAL DISBURSEMENTS .....		438 264

FILE NUMBER: 540-203

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div>Enter the Totals from Line 6 in .....</div> <div> <div>↑</div> <div>Item 27</div> <div>Column (A)</div> </div> <div> <div>↑</div> <div>Item 69</div> </div> <div> <div>↑</div> <div>Item 51</div> </div> <div> <div>↑</div> <div>Item 75</div> <div>with Explanation</div> </div> <div> <div>↑</div> <div>Item 27</div> <div>Column (B)</div> </div> </div>					

# **SCHEDULE 2 — INVESTMENTS** **(OTHER THAN U.S. TREASURY SECURITIES)**

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	4040
2. Total Book Value	5214
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) Carr America, shares 80	2505
(b) Security Cap, 135 shares	2709
(c)	
(d)	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a)	
(b)	
(c)	
(d)	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	5214
Enter the Total from Line 7 in ..... Item 29, Column (B)	

FILE NUMBER: 540-203

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 540-203


Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7				
Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)				

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS






Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales	
Enter the Total from Line 8 in ..... Item 49				

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 540 - 203

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
		7. Less Reinvestments	
		8. Net Purchases	
Enter the Total from Line 8 in .....  Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5					
Enter the Totals from Line 6 in .....  Item 34 .....  Item 50 .....  Item 70 .....  Item 75 .....  Item 34					
			with Explanation		
			Column (D)		



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 540 - 203

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name 1. HERBEKIAN Title PRESIDENT	First Name ROXIE Status 1					
Last Name 2. ABATE Title SECRETARY TREASURER	First Name SMIL Status			462		462
Last Name 3. AJABI Title BOARD MEMBER	First Name YOSEF Status	104				104
Last Name 4. HAGOS Title VICE PRESIDENT	First Name HAIE MEL Status					
Last Name 5. DIAZ Title VICE PRESIDENT	First Name ENRIQUE Status					
Last Name 6. ABAY Title BOARD MEMBER	First Name ATSEDE Status					
Last Name 7. CABRERA Title BOARD MEMBER	First Name ROGER Status					
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		104		462		569
				10. Less Deductions 8		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 561		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 540-203

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name GIZAW	First Name YESHA LEMU SH	10647				10647
Position ACCOUNTANT						
Name of Affiliated Organization LOCAL 27						
2. Last Name DARA	First Name THOMPSON	17404				17404
Position						
Name of Affiliated Organization LOCAL 27						
3. Last Name HUGHES	First Name JEFF	10229				10229
Position						
Name of Affiliated Organization						
4. Last Name WIENER	First Name NICHOLAS	12750		1564		14314
Position						
Name of Affiliated Organization						
5. Last Name	First Name					
Position						
Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>		134,988		4032		139,019
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates		12,024		164		
8. Totals of Lines 1 through 7		198,041		5,760		203,801
				9. Less Deductions		45594
Enter the Total from Line 10 in..... Item 57 ⇨				10. Net Disbursements		158207

# SCHEDULE 11 — BENEFITS

FILE NUMBER: 540 - 203

Description (A)	To Whom Paid (B)	Amount (C)
1. Work Comp Insurance	CGU	2,487
2. Health Insurance	Local 37 Health Welfare	20,526
3.		
4.		
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		23,013
Enter the Total from Line 6		Item 63

# SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Charity	525
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	525
Enter the Total from Line 8 in	

# SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. Office Supplies	2,680
2. Rent	22,864
3. Printing	6,708
4. Postage and delivery	1,887
5. Meeting	358
6. Utilities	5,072
7. Total from additional pages (if any)	13,709
8. Total of Lines 1 through 7	53,278
Enter the Total from Line 8 in	

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. Interest Income	33.43
2. Reimbursement Income International	205,652.36
3. Vendor Refund	1,712.30
4. Reimbursed Income	36,086.66
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	243,485
Enter the Total from Line 17 in ..... Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. Costar/land other	10,220.00
2. Organizing	431.00
3. Car/van Rental	1,337.00
4. Travel	3,375.00
5. Bank Service	12.00
6. Broad Casting	150.00
7. Dues Refund	1,468.00
8. Miscellaneous	3,647.00
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	20,641
Enter the Total from Line 17 in ..... Item 73	

ORGANIZATION NAME: Parking & Service Workers Local 27  
 ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 540-203

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## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)				
<div> <div>Last Name</div> <div>First Name</div> </div> <u>Benu Bekele</u> <div> <div>Title</div> <div>Status</div> </div> <u>Executive Board</u> <u>C</u>					
<div> <div>Last Name</div> <div>First Name</div> </div> <u>Tamrat Solomon</u> <div> <div>Title</div> <div>Status</div> </div> <u>Executive Board</u> <u>C</u>					
<div> <div>Last Name</div> <div>First Name</div> </div> <u>Lizana Hugo</u> <div> <div>Title</div> <div>Status</div> </div> <u>Executive Board</u> <u>C</u>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Title</div> <div>Status</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Title</div> <div>Status</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Title</div> <div>Status</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Title</div> <div>Status</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Title</div> <div>Status</div> </div>					
<div> <div>Last Name</div> <div>First Name</div> </div> <div> <div>Title</div> <div>Status</div> </div>					
Totals					

ORGANIZATION NAME: Parking and Service Workers L-27  
 ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 540-203

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## SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)				
Last Name: <u>Hagos</u> First Name: <u>Hartemelekat</u> Title: _____ Status: _____					
Last Name: <u>Hagos</u> First Name: <u>Temesgen</u> Title: <u>Executive Board</u> Status: <u>C</u>					
Last Name: <u>Wubinson</u> First Name: <u>Tibebu</u> Title: <u>Trustee</u> Status: <u>C</u>					
Last Name: <u>Chavez</u> First Name: <u>Mario</u> Title: <u>Executive Board</u> Status: <u>C</u>					
Last Name: <u>Mohamed</u> First Name: <u>Seda</u> Title: <u>Executive Board</u> Status: <u>P</u>					
Last Name: <u>Barranco</u> First Name: <u>Roger</u> Title: <u>Executive Board</u> Status: _____					
Last Name: <u>Setegn</u> First Name: <u>Degfae</u> Title: <u>Executive Board</u> Status: _____					
Last Name: <u>Wubishet</u> First Name: <u>Girma</u> Title: <u>Executive Board</u> Status: _____					
Totals					

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER:   -  

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <small>Last Name</small> 1. GIZAW </div> <div style="width: 45%;"> <small>First Name</small> YESALEMUSH </div> </div> <div style="margin-top: 5px;"> <small>Position</small> Accountant </div> <div style="margin-top: 5px;"> <small>Name of Affiliated Organization</small>  </div>	10647				10647
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <small>Last Name</small> 2. Thompson </div> <div style="width: 45%;"> <small>First Name</small> DARLA </div> </div> <div style="margin-top: 5px;"> <small>Position</small> Researcher </div> <div style="margin-top: 5px;"> <small>Name of Affiliated Organization</small>  </div>	17404				17404
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <small>Last Name</small> 3. Hughes </div> <div style="width: 45%;"> <small>First Name</small> JEFF </div> </div> <div style="margin-top: 5px;"> <small>Position</small> Organizer </div> <div style="margin-top: 5px;"> <small>Name of Affiliated Organization</small>  </div>	10229				10229
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <small>Last Name</small> 4. Weiner </div> <div style="width: 45%;"> <small>First Name</small> NICHOLAS </div> </div> <div style="margin-top: 5px;"> <small>Position</small> Researcher </div> <div style="margin-top: 5px;"> <small>Name of Affiliated Organization</small>  </div>	12750		1564		12750
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <small>Last Name</small> 5. </div> <div style="width: 45%;"> <small>First Name</small>  </div> </div> <div style="margin-top: 5px;"> <small>Position</small>  </div> <div style="margin-top: 5px;"> <small>Name of Affiliated Organization</small>  </div>					
6. Totals from additional pages (if any)	134,998		4,032		139,019
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	12,024		164		
8. Totals of Lines 1 through 7	198,041		5,760		203,801
			9. Less Deductions <span style="float: right; border: 1px solid black; padding: 2px 10px;">45,594</span>		
Enter the Total from Line 10 in <span style="float: right;">Item 57 ⇒</span>			10. Net Disbursements <span style="float: right; border: 1px solid black; padding: 2px 10px;">158,207</span>		

# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 540-203

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
1. Last Name: Hagos First Name: Temesgen Title: Status: C						
2. Last Name: First Name: Title: Status:						
3. Last Name: First Name: Title: Status:						
4. Last Name: First Name: Title: Status:						
5. Last Name: First Name: Title: Status:						
6. Last Name: First Name: Title: Status:						
7. Last Name: First Name: Title: Status:						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8						
Enter the Total from Line 11 in ..... Item 56 ➡				10. Less Deductions		
				11. Net Disbursements		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)



ORGANIZATION NAME: Parking & Service Workers Local 27  
 ENDING DATE OF PERIOD COVERED: 12-31-00

FILE NUMBER: 540-203

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

# **SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
<small>Last Name</small> LINGO <small>First Name</small> TRACY <small>Position</small> ORGANIZER <small>Name of Affiliated Organization</small> LOCAL 27		24 825		1 104		25 929
<small>Last Name</small> STROTHMAN <small>First Name</small> KRISTHA <small>Position</small> LEAD ORGANIZER <small>Name of Affiliated Organization</small> LOCAL 27		36 625		999		37 623
<small>Last Name</small> YEHEGDO <small>First Name</small> AZIEB <small>Position</small> ORGANIZER <small>Name of Affiliated Organization</small> LOCAL 27		25 958		556		26 514
<small>Last Name</small> BELAY <small>First Name</small> ABERE <small>Position</small> ORGANIZER <small>Name of Affiliated Organization</small> LOCAL 27		26 208		1 082		27 290
<small>Last Name</small> PERSARD <small>First Name</small> MICHAEL <small>Position</small> ORGANIZER <small>Name of Affiliated Organization</small> LOCAL 27		21 372		291		21 663
Totals		134,988		4032		139,019

ORGANIZATION NAME:

ENDING DATE OF PERIOD COVERED:

FILE NUMBER: *504-203*

PAGE \_\_\_\_ OF \_\_\_\_ ADDITIONAL PAGES

**SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES (continued)**

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <i>Gizaw Yesolemush</i>  <i>Accountant</i>  </div>	<i>10647</i>				<i>10647</i>
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <i>Thompson Darla</i>  <i>Researcher</i>  </div>	<i>17404</i>				<i>17404</i>
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <i>Hughes Jeff</i>  <i>Organizer</i>  </div>	<i>10229</i>				<i>10229</i>
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <i>Weiner Nicholas</i>  </div>	<i>12750</i>		<i>1564</i>		<i>12750</i>
<div> <div>Last Name</div> <div>First Name</div> <div>Position</div> <div>Name of Affiliated Organization</div> </div> <div> <i>Employees who received less than \$10,000</i>  </div>	<i>12024</i>		<del><i>4632</i></del> <i>164</i>		
Totals	<i>198,041</i>		<i>5,760</i>		<i>203,801</i>

Parking & Service Workers Union Local 27

5-40-2023

01-01-01 to 12-31-01

Office & Administrative Expense

Amount	
Repair and Maintainace	5531
Telephone	5516
Research	605
Cleaning	2057
Total	13709



Parking & Service Workers Union Local 27

01-01-01 to 12-31-01

540-203

Additional Information

Unrealized gain \$ 1174.00 Common Stock was due to temporary market increase.



Parking and Service Workers, Local 27

Year from 01-01-01 to 12-31-01

540-203

Item 75

The President of Local 27 , Roxie Herbekian, is a Board Member of the

Food and Beverage Workers Union Local 32 & Employers benefit Fund

Metro 400 Building

Suite 201

4301 Garden City Drive

Landover, Md. 20785

The ERISA number is 521391582

